

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-021545

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5357

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
2 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Deaconess HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
a. STATE Mo. b. COUNTY St. Louisc. CITY
OR
TOWN KirkwoodInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 541 South ClayReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Mary

Middle

Ross

Last

Ewald

4. DATE
OF
DEATH

Month

5

Day

18

Year

63

5. SEX

Female

6. COLOR OR RACE

Cau

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/17/1873

9. AGE (last birthday)

89

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired).

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Wm. C. Bragg

13b. MOTHER'S MAIDEN NAME

Emma Ross

14. NAME OF HUSBAND OR WIFE

James H. Ewald

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Wm. B. Ewald 541 S. Clay Ave. Kirkwood

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

20 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arterio sclerosis and Hypertension 10 years

DUE TO (c)

33/8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):

Hypertrophic Ric Osteo arthritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II, of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1930 to 2/18/63 and last saw her alive on 2/18/63
Death occurred at 1:20 P.M. 2/18/63 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

19 East Lockwood Ave.
Webster Groves 19, Mo.

22c. DATE SIGNED

5/19/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

5/20/63

23c. NAME OF CEMETERY OR CREMATORY

Bellefontaine Cemetery

23d. LOCATION (City, town, or county)

4947 W. Florissant Ave. St. L.

(State) Mo.

24. FUNERAL DIRECTOR

ADDRESS

L. H. Bopp Inc. 10610 Manchester Rd.
Kirkwood, Mo.

25. DATE RECD. BY LOCAL REG.

MAY 20 1963

26. REGISTRAR'S SIGNATURE

Pearl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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2 40033

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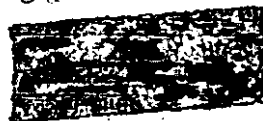
11

12 58-0

13

58

2001



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

- working under my personal supervision.

- Student _____
Signature of Student Embalmer

Signed

Francis J. Myland Jr.

Licensed Embalmer No.

4512

P. O. Address

Kilbuck, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.